PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									App	Application or Docket Number			
-		OL AIMIG	10 EU ED						1-44	44	1100	<u>/</u>	
CLAIMS A			AS FILED - (Colum			(Column 2)		SMALL EN	TITY	OR		OTHER THAN SMALL ENTITY	
U.S	3. NATIONAL	STAGE FEES				ùne de la comp		RATE	FEE	7	RATE	FEE	
BAS	SIC FEE		SMALL ENT	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE	 	OR	BASIC FEE	3/1)	
EX/	AMINATION FE	EE	Satisfies PCT-A (4) = \$50	0 / \$ 100		other situations = \$ 100 / \$ 200		EXAM. FEE		1 .	EXAM. FEE	10 X	
SEA	ARCH FEE	.*.	U.S. is ISA = \$ ALL other cou	\$ 50 / \$ 100 ountries =	Allo	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	47	
FEE	E FOR EXTRA	SPEC. PGS.	min	nus 100 =		/ 50 ≐		X \$ 125 =		1 '	X \$ 250 =	'	
тот	TAL CHARGEA	BLE CLAIMS	2 mi	minus 20 =				X \$ 25 =		OR	X \$ 50 =		
INDEPENDENT CLAIMS			/n	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	 	
MUL	LTIPLE DEPEN	NDENŤ CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	7111	
		CLAIMS AS A	ARIENDED	וים ארו יי	- 4					•		4	
		(Column 1)	AMENDED) - PAR I ; (Colum		(Column 3)		SMALL E	₽ NTITY	OR	OTHER T		
-	<u></u>	CLAIMS		HIGHE	EST		Г		, ,	ı r	<u> </u>		
ENT A		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE .	ADDI-" TIONAL FEE	
AMENDMENT	Total	*	Minus:	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =	-	OR.	X \$ 200 =		
	FIRST PRES	SENTATION OF MU	ULTIPLE DEPE	ENDENT C	LAIM		L	+ \$ 180 =		OR	+ \$ 360 =		
٠							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		Calumn 41	* •	· ·	-1	· · · · · · · · · · · · · · · · · · ·							
		(Column 1)	/ 	(Columi		(Column 3)	г			F			
a k	·	REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME.	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	·	
	FIRST PRESI	ENTATION OF MU	JLTIPLE DEPE	NDENT CI	LAIM			+ \$ 180 =		OR	+ \$ 360 =		
·		1								OR T	TOTAL ADDIT. FEE		
	•							FEE L					

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.